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**CONFIDENTIAL ATTORNEY-CLIENT
PRIVILEGED COMMUNICATION**

Date: DECEMBER 5, 2003

To: EXAMINER FRANK LOPEZ
U.S. PATENT AND TRADEMARK OFFICE
Fax #: (703) 872-9303

From: FRANK C. NICHOLAS
Fax #: (847) 424-2521

Client/Matter No.: DP-301665 (7500/249)

of Pages: 14
(including cover sheet)

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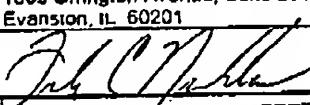
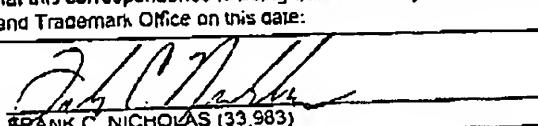
TRANSMITTAL FORM		Attorney Docket No.	DP-301665 (7500/249)
(to be used for all correspondence after initial filing)		Application Number	10/052,240
		Filing Date	JANUARY 17, 2002
		First Named Inventor	PHILIPPE GEORGES CASTEL
		Group Art Unit	3745
		Examiner	LOPEZ, F. D.

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Response and Amendment to Final Office Action Dated October 21, 2003	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> After Final	<input checked="" type="checkbox"/> Drawings: Corrected Sheet 1/4	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information	
Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Post Card Receipt	
<input type="checkbox"/>	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) (please identify below)	
<input type="checkbox"/> Extension of Time Request (duplic)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/>	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>	
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1713 A duplicate copy of this sheet is enclosed.	<input type="checkbox"/>	
	<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed.	<input type="checkbox"/>	

CALCULATION OF FEE

					Small Entity		Large Entity	
	Claims After Amendment		Highest No Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total		Minus			x \$9=	0	x \$18=	
Indep		Minus			x \$43=	0	x \$86=	
First Presentation of Multiple Dep. Claim					+\$145=	--	+\$290=	
					total add'l fee	\$ 0	total add'l fee	\$

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FRANK C. NICHOLAS Registration No. 51,806 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature			
Date	December 5, 2003		
CERTIFICATE OF FACSIMILE			
I hereby certify that this correspondence is being transmitted by facsimile to (703) 872-9303 to the U.S. Patent and Trademark Office on this date:			
Signature  FRANK C. NICHOLAS (33,983) Date: December 5, 2003			